OVERTIME/COMPENSATORY TIME **REQUEST AND AUTHORIZATION (7410)**

FROM:						DATE:	
то:				VIA:			
It is requested that at employees to perform See SECNAVINST 7	n work as indicat	ed and justified	l below:	COMPENSATOR	Y CREDIT	HOURS RELIGIOUS COM	ANCE RELIGIOUS PENSATORY
PAY NUMBER	FLSA T STATUS ON SEE LEGEND	YPE OF /ERTIME	NAME (Last, First, Mic	ddle Initial)	NUMBER OF HOURS	DATE(S) (From)	(To)
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JOB ORDER NO.		WORK O	RDER NO. LO	CATION			
JUSTIFICATION W	HY THE OVERT	TIME OR COM	PENSATORY TIME WORK	CANNOT BE ACC	OMPLISHED D	URING NORMAL WORKIN	G HOURS:
(Not required for Re	eligious Compens	atory Time).					
SIGNATURE: (Requestor)						TITLE:	
AUTHORIZATION	:	W-11	SIGNATURE (A	pproving authority)		DATE:	
REQUEST IS:	APPROVED) NI	OT PPROVED				
NOTE: IF THIS RE	QUEST WAS NO	OT APPROVE	O IN ADVANCE OF THE T	IME WORKED, ADD	O JUSTIFICAT	ION FOR APPROVAL AFT	ER THE FACT
	FLSA	1 TVDE /	OF OVERTIME		THIS RE	QUEST MAY CONTAIN IN	ORMATION
*LEGEND:	STATUS N = NONEXE E = EXEMPT	MPT 1 REG	ULARLY SCHEDULED OVER	TIME NOTE:	SUBJECT AS AME	T TO THE PRIVACY ACT O	F 1974